St. Bartholomew's Hospital Journal.

VOL. I. NO. 1. OCTOBER, 1893. PRICE SIXPENCE.

NOTICE.

All Communications, Articles, Letters, Notices, or Books for review, should be forwarded, accompanied by the name of the sender, to the Editor, ST. BARTHOLOMEW'S HOSPITAL JOURNAL, *St. Bartholomew's Hospital, Smithfield, E.C.,* BEFORE THE 1ST OF EVERY MONTH.

The Annual Subscription to the Journal is 5s., including postage. All financial communications, as well as subscriptions, should be sent to the Publishers, Messrs. RICHARDS, GLANVILLE & CO., 114, *Fenchurch Street, E.C.*

St. Bartholomew's Hospital Journal,

OCTOBER 14th, 1893.

"Æquam memento rebus in arduis
Servare mentem."—*Horace,* Book ii., Ode iii.

THE objects of the Journal are, FIRSTLY, to put on permanent record such clinical and other work as is done in this Hospital, which finds its way into no paper, but which is in itself invaluable to the student and practitioner. It will thus enable them to keep in touch with recent work and with the progress of the science and art of Medicine, Surgery, and Midwifery in the Hospital and School.

SECONDLY.—To promote and extend the feeling of *esprit de corps* among students, past and present, in their work, amusements, and matters of interest to them in daily life; to note their doings in Athletics, in Examinations, and by publishing Reports of Meetings, Social Gatherings, &c., to give non-active members some idea of the means by which the name of this great Royal Hospital is being maintained, and so, by example, to rouse them into activity.

THIRDLY.—To record such clinical and other lectures as are now given, but never printed in any permanent form, and which many students are unable to attend whilst holding their various appointments.

FOURTHLY.—To give publicity to anything original in the way of articles, verse, or drawings, and to act as a means by which those who write may learn to perfect themselves in that art, before they plunge into literary work in a wider sphere in after life.

FIFTHLY.—To bind as much as possible the past with the present, and to keep up the interest of old students in the doings of those now at the Hospital.

It will be circulated among the students, past and present, of St. Bartholomew's Hospital, being the Journal of the Hospital and the organ of the Amalgamated Clubs.

FOR twenty-eight years an annual volume, the *St. Bartholomew's Hospital Reports*, has been issued. As is well known, it contains original articles, reports of cases, abstracts of papers read before the Abernethian Society, statistical tables, &c. The objects of this Journal in no way clash with the *Reports*, for there is an enormous mass of material which never finds its way into either the *Reports* or any of the weekly or monthly medical papers. This particularly refers to the valuable clinical lectures and to the interesting and instructive cases which daily are seen in the wards and out-patient rooms, records of which are only to be found in the somewhat inaccessible ward note-books. But the Journal is not intended solely for the publication of purely professional matters, and so may be said to have a wider scope than the *Reports*. It will be a record not only of much of the work of the Hospital which otherwise would be in a large measure lost, except to the few, but also of social and other matters of general interest to the student, and thus it will supply what has for some time been felt to be a want.

It is only in recent years that attempt has been made to carry out the objects of this periodical. We understand that at some time in the seventies an endeavour was made to publish a monthly paper, but it appears to have been made in a half-hearted manner, and came to nothing. In 1885 an effort was made to maintain a serio-comic journal in manuscript, which, after running through six issues, like others

of its kind, deservedly retired into obscurity. The present attempt is, we hope, to be a lasting one; for the knowledge that there is amply sufficient material to enable us to publish a journal of twice this size every week, and that we are supported by practically all the existing students of the Hospital and by the not inconsiderable reserve fund of the Amalgamated Clubs, has been our great encouragement to proceed. We ask the indulgence of our readers for any shortcomings in this our first issue, with a promise that we will do all we can to improve in the future. Our excuse is not want of time, but lack of experience. We trust that, with the kind assistance of past and present students, we shall be able to keep a high standard in all the branches we take up, and shall be grateful to all for any advice or criticisms.

The Amalgamated Clubs, under whose auspices this periodical is started, were put upon their present basis in the summer of 1892. Before that time each of the various Students' Clubs was an autonomy in itself; they were, in many cases, in far from a flourishing condition; some only just paid their way, some had a small deficit. Only comparatively little interest was taken in them by the students at large. After negotiations and conferences extending over about six months, it was at last decided to amalgamate the clubs for financial purposes, so that, by the payment of one subscription, each student became a life-member of all the clubs. The Abernethian Society joined in the scheme, and now this society, together with the Athletic, Boxing, Cricket, Association and Rugby Football, Boating and Swimming Clubs, are for financial purposes under the control of a Finance Committee. Each club, for the purposes of play and details of management, &c., preserves its individuality. Each club elects its own President, Secretary, Committee, and other officers, from amongst those who are members of the Amalgamation; but for financial control they are all of them under the central government of the Finance Committee. This committee is, however, constituted on thoroughly democratic lines. It consists of a representative of the Abernethian Society and of each of the clubs, elected annually by their committees, with a secretary elected at a general meeting of the whole Amalgamation. To these are added two members of the staff elected by the Committee of the Medical School, one as President and the other as Treasurer.

So successfully has this scheme worked out that in the first year of its existence, in spite of some opposition and indifference, it has been able not only to liberally meet all the current expenses of the Abernethian Society and of the clubs, but to found a reserve fund, which at the present time amounts to over £200. In May last, a Lawn Tennis Club was started on new lines, and admitted into the Amalgamation on equal terms with the other clubs; and, at the same time, the members of the Amalgamation empowered their Finance Committee to begin the issue of a Journal.

Mid-Summer Address to the Abernethian Society.

ON CLINICAL APTITUDE.

By Sir Dyce Duckworth, M.D., LL.D.

Gentlemen,—I propose to address the Society this evening on the subject of clinical aptitude. I often think, and I sometimes say, that many of you do not sufficiently realize the full purpose of your lives in this grand old Hospital and School of Medicine. What brings you here to spend five of the most important years of your life? My reply is that you come here to fit yourselves to take care of the health of those to whom you may one day be called to deal with, to acquire such a knowledge of the human body in health and disease as will enable you to manage sick people, to relieve suffering, to promote recovery, and to avert death if possible. In short, you come here to learn the art of healing. This is a truism. These thoughts are not, I know, uppermost in the first years of your work here. The necessary introductions to pure medical study are many and various. You hardly see the full value and importance of them. You wonder, perhaps, why a knowledge of physics, and of biology, is considered imperative in one whose after-life will largely be occupied with such minor details as ordering poultices and prescribing diet and remedies. If you argue thus, you have not yet appreciated the importance of approaching medical study with a trained mind, fitted to grasp, and deal with, the great problems that will certainly await you. You must accept the necessity of the curriculum enjoined upon you by your masters, whose object is to make your life-work worthy and fruitful. If you begin your medical study with man, and if you end it with man, you do so at the risk of becoming a narrow-minded and imperfect practitioner. Why? Because man is the most complex and complete biological piece of evolution, and to understand him it is absolutely necessary to know first a good deal about living things far lower in the scale of creation. You must study well the lower forms of animal and vegetable life as a prelude to human anatomy and physiology. That is the only scientific order that can be recognized. Such knowledge was not thought necessary for the education of an apothecary a century ago. He had to be a craftsman, handy with his lancet, cupping-glasses, pills, and potions. The physician came in to help him when his diagnosis was imperfect. But we have changed all that, and now by Act of Parliament we must confer a diploma on no man in these realms who is not trained and tested in all branches of his profession.

The modern order of the curriculum is thus designed to produce a fully trained and equipped man.

Now, it is not too much to affirm that the early and preliminary training is of the last importance for the comfort and welfare of the future practitioner. Neglect and imperfection at this early period will never again be made good. So much is now required that it is truly hard to get in all that is demanded, and I will say, at once, that I conceive it to be highly to the credit of the average student of medicine that he achieves what he so commonly does now-a-days, and that the work done by him is, as a rule, indicative of greater assiduity and pains than that done by students in any other profession. The establishment of a "Modern Side" in our Schools, and in the Universities, was an acknowledgment of the impossibility of securing adequate attainments in *literæ humaniores* by many youths who had tastes in other directions, notably in natural science. This new departure came largely from the efforts of biologists and scientists themselves. It was declared to be a waste of time for youths who had soon to begin and earn their bread to pore over Latin, Greek, and mathematics, in which they could never become adepts, and it was also declared that fully equivalent mental training awaited them in biological and other scientific studies, which would also aid them in their subsequent careers. There is much to be said for this argument, and, in my opinion, there is justification for the so-called modern side. But I am far from agreeing with the belief that medicine has altogether benefited from the very large adoption of it that has prevailed in the last twenty-five years. I bear witness to a higher and fuller cultivation of science, but I see, no less, a very sad decline in letters, in literary attainments and tastes, even amongst some of the best of modern students of medicine. I hold, in opposition to views now prevalent, that the older plan of the preliminary Arts curriculum was, and is still, the best course to be followed by those who aspire to do the best work in medicine, to advance their art, and to retain for it the respect it demands from the public, and from other learned professions. The imperfections and failures under the newer system meet us at many points in daily life. The inability to write and spell, even the English language, like educated men is very widespread in our profession, while the effort to write a prescription in decent (dog) Latin is too commonly beyond the powers of men who have taken brilliant degrees in Science. This was not the case five-and-twenty years ago. I maintain that it would be well to cultivate more thoroughly the ancient languages as a mental discipline in accuracy, and not to come too early to special and technical studies. There must be something wrong in the conduct of many of the entrance examinations for our profession, when so many imperfectly trained candidates can pass, and gain admission to the Students' Register, as is now the case. It is to be feared that a disposition in youths towards medical studies is commonly supposed to indicate now-a-days an aversion from literary pursuits, and that a taste for natural history and anatomy is something quite apart from, and independent of, a taste for letters, and the cult of the former is presented as if there was a veritable antagonism between the two. I am quite sure that for a student of medicine it is better to have even a little Latin and Greek than to have none at all. The help that even a little can give is very great, but the more the better. I do not in any degree wish to decry the value of studies in biology. I recognize their supreme importance for the student in medicine. Such studies come best, in my opinion, after a sound classical education has been secured, or may well be cultivated concurrently to some extent. The teaching of Celsus on this point must always be remembered—"Itaque ista quoque naturæ rerum contemplatio, quamvis non faciat medicum, aptiorem tamen medicinæ reddit perfectum."—*Lib. I.*

But what has all this to do with the subject I am to speak about to-night? Is it the case that only the literary dunce shows any aptitude for medicine? We might as well say that fitness for military pursuits is as commonly shown by those who are very unlettered, and yet seek to be leaders of men; but I have yet to learn that such a qualification is desirable, or is destined to produce many trustworthy commanders. Without doubt, there are notorious exceptions, but they only test the rule, and the true idea is that a good and liberal preliminary education is the best qualification for subsequent excellence in any profession.

This leads me to ask, next, Whether it is always the case that a highly trained literary man is most likely to display clinical aptitude in after life? And my reply to this must be that such is certainly not the case. We have had conspicuous examples in our profession of highly trained men who have not shown great fitness for the practice of our art in daily life. But this inability to succeed, or be a leader, is not confined to the pursuit of medicine, and may be met with in other professions. Clinical aptitude, then, is something apart from literary, from scientific, and from mere book-excellence. It is a personal factor, something inherent in the individual, something essential to successful pursuit of medicine. No trite definition of it can, I think, be given. I will speak of it as a gift, as a kind of genius, which may be cultivated and quickened only in one way. It may give token of its presence in early life before any regular medical training has been begun. If discovered, and it be determined to give it free play, I would in such a case urge all the more that it be rather repressed till a wide and liberal culture in general education has been secured. The tendency now-a-days is to seize on this embryonic aptitude, and to push it violently and at once into specialized lines of study, with a view to its immediate cultivation and development, so that it may earn for its owner so many pounds *per annum*. This is to narrow the mental grasp of its possessor, and to make a scientific philistine, or prig, of the man instead of a widely cultivated gentleman. And once accomplished, the bad work thus done can hardly be undone, and the worst must happen if the unhappy man acquires a science degree with honours, and consequently

believes that he is a learned person. The danger is of premature specialization. This is all very well for craftsmen and manufacturers who must needs early earn a competence, but it is very bad for members of the great professions, whose position in the social system must needs be very different.

Only when the period of professional study proper begins should the clinical aptitude assert itself, and be allowed full play. But even then a caution is needed. The old and effete apprentice system used to breed men who were too early trained in medical art, and they used to come to medical schools to begin their anatomical and other studies with a patronizing air, avoiding all that they conceived to be of small practical value, and acquiring just so much knowledge as they believed would enable them to procure their diplomas. They could deliver a woman in labour, and manage a case of placenta prævia before they knew where to find the anterior superior spine, or the ileo-pectineal line on the iliac bone; and they could prescribe a remedy before they knew much of materia medica or of chemical compatibilities. There was much clinical aptitude, indeed, and perhaps an unctuous, so-called "bedside manner," but the ignorance behind it all was amazing and truly serious. It is a matter of congratulation that we have no such persons in our medical schools to-day, at least none in this School.

Our profession is approached from several sides. A love of science may lead on to the wish to apply knowledge for the benefit of ailing humanity. A love of the simple art of healing may draw some, or the desire to do good for its own sake may inspire others. The taste may, as with other things, certainly be inherited directly or by atavism. It is often an advantage to have had a father in the profession before one, and yet the son may never reach the excellence of the father. On the other hand, the son sometimes excels the father. Sometimes the first indications of aptitude for medicine or surgery are manifested early in life by a taste for botany, natural history, or for anatomical study. It is a vulgar belief to this day in all ranks of life that students of medicine are specially endowed with cruel and torturing instincts, and that they have a particular tenderness for vivisection, which not even the inculcations of their teachers can subdue. So much so is this belief prevalent, that many foolish old women, some wrong-headed men, and even some bishops, have established a cult to prevent such wickedness. We, who know students well, know what nonsense this is, and how little-minded they are to pursue their studies in any but a humane spirit.

The clinical aptitude I speak of, and would recommend, shows itself in all points of a good student's character. It is recognized by close attention to details in each branch of study, by the thorough mastery of each subject taken up, by diligence in all the practical departments, by thoughtfulness and reflection, by questioning of teachers, by careful note-taking, by assiduous attention to the minute points of every case of disease studied, by close observations of the facts manifested, conducted with an open and inquiring mind.

This is the Harveian method, and, therefore, one we inculcate in this the school of Harvey.

For such a student no trouble is too great. He will take nothing for granted, and accept nothing second-hand which he can verify for himself. He will follow his cases from the admission-room to the dead-house, and from that place to the pathological laboratory. He will pursue his cases that recover to their homes, and learn what becomes of them months, or it may be years, afterwards, completing his notes whenever he can. Who is sufficient for these things, you may ask? You have had examples set you in this school, and you can find them now in every good school, of men who have thus worked, and developed this clinical aptitude into a second nature, with brilliant acumen and a power of lucid expression for all they see. I can to-night especially commend to you one notable instance, and all the more, because he has unhappily left us, in the person of our late senior physician, Dr. Andrew. It was in this way that he worked here, and showed many of us how to work, bringing his splendidly trained intellect, with all the assiduity and humility of the thorough student, to bear on the hard problems of every-day disease, till he became a great master of clinical art.

If you are not prepared for all this, or will be content with anything less than this, you will hardly excel in your calling.

If you cannot attain to the high ideal I have set forth, you can still be inspired by the splendid example of it, and so fit yourselves in the best way to do your work in after life in more humble spheres. To do this you will have to depend upon your own exertions. We provide you with the means in ampler measure than your predecessors had, and our teaching is indeed now greatly elaborated, so much so, that I sometimes fear students come expecting to be fed with strong food, which they shall stow away chiefly for the purpose of reproducing it on the desks, or across the examination tables, of our colleges and universities, leaving it there too often, and going away empty of real and assimilated knowledge.

You must digest your mental food and make it your own for your personal use in after life. You will have to trust to yourselves when you leave us, and you surely do not wish to starve. You have to train your own eyes and hands to form your own opinions on new problems, and we can only show you how to do this for yourselves. This view is always before me when I am with you in the wards. I wish you to learn to be self-dependent, and to stand by yourselves, to learn how to act when face to face with patients, without our aid or the assistance of skilled nurses, and therefore I try to make you listen, touch, taste, handle, see, smell, and draw in at all the doors of sense all that can be learned from each case. Do not be content to look on,

but push in to take your part and gain all the first-hand knowledge you can from every case. You often hear me say "everything is clinical." Your business is to be with sick folks all your life. To know what to do, and how to treat your ailing brothers and sisters, demands clinical aptitude indeed. You need sympathy, kindliness, patience, good temper, and a bright, cheerful manner. If you do not quickly learn how to manage your fellow-men, you will never make good practitioners of medicine and surgery. You will not do this by an oily and assumed kind manner. Be direct, straightforward and firm, but always considerate, remembering the frailties and ignorance of most sick persons. Put yourself in their place, and do nothing to anyone you would not do to a near and dear rela tiveof your own. Having by care and great pains fitted yourself to be their adviser, secure their confidence in your powers by simplicity and honesty, and by avoiding all "put on" and false manners which are not properly yours. As I have said, clinical aptitude and instinct become, by practice and thorough pursuit of your duties, a second nature, and, in time, you will come to see far into matters that baffle men who have originally been careless or idle students, who have never thought for themselves, and who have been content to look on without soiling their hands, or learning things at first hand. Such men as I have just described may have a taste for medicine, but they will never be clinical artists. I have watched the careers of many of them, and I have found them in the ranks of homœopaths, or electricians, so-called, or as drudges in disreputable dispensaries.

Sometimes I have been chidden for not recognizing the transcendent skill of some of these idlers and dunces by persons well-placed in society, who swallow the globules prescribed by these men, and I have been told that I am narrow-minded.

This would be hard to bear if one did not know the boundless credulity of the public—which is a clinical fact, by the way—and did not expect to meet with it not least in the educated classes of society.

Yes, clinical aptitude will help you to recognize shams everywhere, and to abominate them vigorously. It will often prove a solace and assurance to you when the careless and unrighteous go past you, and win what you think your due. You who possess this special fitness to exercise the healing art will assuredly enjoy that best reward a man can have in this world—the answer of a good conscience; and with endurance, perseverance, firm faith, and much dignity, you can afford to let the ungodly flourish like a green bay-tree, for you will live to look for him, and you will find his place filled no more.

If clinical aptitude, in its true sense, is wanting in any student of medicine, I should recommend him to recast his life and follow some other calling. Such a man can never succeed in practice, or be happy in it. Just as some men have no natural ability with their hands, and can never become good surgeons, so others have no natural intuitive gifts, or patience, to pursue processes of disease, and can never become good physicians.

The gift of healing is no mere empty expression. Some men truly have it, and others can never acquire it. It implies clinical aptitude of the higher kind, but it is only seen at its best when cultivated by close contact with disease by those whose minds have been carefully trained, and are therefore capable of sustained and logical thought, and fitted to put aside all that is unreal, empty, and unreasonable. It demands a large knowledge of humanity in all aspects, entire devotion to the matter in hand, an absence of self-consciousness, and a temperament that will bear discouragement and failure after the best efforts have been honestly put forth. We have many men in our profession who daily exemplify such qualities. Not seldom those thus imbued are incapable of imparting their knowledge, but you may look on and observe the manner and method they employ. The best teachers are those possessed of all this, who can lucidly explain their method, and carry you with them as they exercise their art. But even to work under, and with, such men will not suffice to endue you with clinical aptitude unless you have the right instinct within you. It comes to this, that you must each for yourselves add by your own personal efforts to this natural endowment, if happily you have it, and cultivate it day by day. It is the same with all the arts. The artist is born, and only made so far as he makes himself. Our great art can only be cultivated on the broad basis of many sciences, and scientific knowledge is to be acquired best by those whose minds have been previously trained to be methodical, accurate, and receptive.

You may again ask, Who is sufficient for all this? And my reply must be that the man who comes fitly trained to appreciate and acquire all that is set for him to learn, and put his hands to, in any great school of medicine, and who gives his whole mind and energy to the task during the five years of his curriculum will seldom fail to be sufficient. Such a man will have no morbid dread of his examinations, he will rather enjoy the recurring opportunities of setting forth his knowledge, and of registering his attainments. And having completed all the examination work, he will be free to cultivate his powers for the public good and his own supreme happiness. That all of you now before me, trained in this old school, disciplined in this grand old society, and grounded in the honourable traditions of this place may prove sufficient for all this, and may abound in the highest clinical instincts and aptitude, is my most fervent heart-felt wish.

CHOLERA.

In our next issue we hope to report the seven suspected cases which have been admitted into the Hospital during the present epidemic. Dr. Klein has also promised a note on the subject.

Clinical Lecture

ON

BY-WAYS IN THE STUDY OF DISEASES OF THE SPINE.

By Howard Marsh, F.R.C.S., Eng.,

Surgeon to and Lecturer on Surgery at St. Bartholomew's Hospital and Consulting Surgeon to the Hospital for Sick Children, Great Ormond Street.

Gentlemen,—I wish to go a little out of the beaten track and to allude, though I can do so only very briefly, to some of the more uncommon forms of spinal disease that are met with in the course of clinical work.

Curvatures that are met with in the First Year of Life.—You know that Pott's disease (tuberculous caries), though it may occur at any age up to seventy, most commonly begins between the ages of three and ten. I have, however, seen several instances in which it commenced in children less than a year old, the earliest being in a child six months old. This infant had distinct angular curvature in the middle of the dorsal region. In cases that occur thus early, rigidity of the spine, pain and other symptoms that are met with in older patients, are no doubt present, but they are apt to be overlooked, and in the cases I have seen they did not attract attention, and the curvature was the first symptom that was noticed. The main fact in the clinical history of caries in young infants is that the disease tends to advance with rapidity and to produce serious curvature so quickly that irreparable deformity may take place in the course of two or three months. The main point in treatment is to keep the child at rest in the horizontal position as absolutely as possible, for in very young children the skin is so readily injured, the breathing is so easily interfered with, and the abdomen is subject to such rapid variations in size from hour to hour that no mechanical appliance can be used with any hope of success. In these early cases prognosis is by no means favourable. In two of the cases I have met with, suppuration occurred and the patients died from exhaustion.

The second form of curvature that is met with in the first year of life is due to rickets. Rickets produce in older children three varieties of curvature: (1) general bowing of the whole spine backwards; (2) ordinary lateral curvature; and (3) an increase of the lumbar curve forwards (the condition to which mothers make a quaint allusion when they say that the child is "cutting his teeth in his loins"). The first and second of these curvatures are met with in the first year of life, and I may say a word with respect to each. The first, when it is originally developed, assumes the form shown in Fig. 1. Later, if the child is very rickety and is nursed much in the sitting position, it soon takes

Fig. 2. Fig. 1.

the outline shown in Fig. 2. When this is the case it may very easily be mistaken for true angular curvature depending on caries; and this mistake is all the more likely to be made because rickety children are often tender, so that they cry when they are lifted; whilst in those infants who are suffering from scurvy rickets—an affection to which Dr. Cheadle and Dr. Barlow have drawn particular attention,—and in whom every movement seems to produce pain, the pain, together with the curvature of the spine, will, unless you are very careful, inevitably lead you to a wrong conclusion. The diagnosis depends upon the following three points: (1) that rickety curvature is very much more common than angular curvature in young infants; (2) that the child is, as disclosed by other evidence, acutely rickety; and (3), the crucial test, that when the child is placed in the prone position the spine can,—without the use of the slightest force, but merely by placing one hand on the loins whilst the other hand, in the gentlest manner, raises the extended lower limbs and the pelvis in the air,—be not only straightened, but be carried to the point of becoming concave—a change of outline that would be impossible were true angular curvature present. Lateral curvature, when it occurs in the first year of life, is exactly similar in form to that which is met with in later periods. In the few instances in which I have seen it at this age the patients were very rickety. Diagnosis, therefore, presents no difficulty. Unfortunately as much cannot be said as to treatment. The weakly muscles to a great extent abandon their function of supporting the column, and deformity, reaching an extreme degree and depending on a formidable change in the shape and the relations of the vertebræ to each other, is quickly developed. Probably the worst cases of scoliosis that are met with in young adults are those which have commenced in early life in rickety children. Mechanical appliances in these cases are, as in those of caries in early infancy, very unsatisfactory, and of course the exercises which are so valuable in older children cannot be used. The best course is to treat the rickety state by prescribing a full diet of fresh milk, diluted as far as is necessary, the juice of raw meat, beef-tea or pounded raw meat, plenty of fresh air, and small doses of cod-liver oil; and the child should be kept as absolutely as possible in the horizontal position. This position will prevent the further increase of deformity; but it will be accessory to much more. The future progress of the case will illustrate one of the most important and striking facts in the surgery of childhood—the fact, namely, that growth, when favourable conditions are secured, is a very powerful agent in the removal of deformity. Distorted parts, in fact, "grow straight." About six years ago an infant fourteen months old came under my notice who was very rickety, and had severely marked lateral curvature with rotation. The deformity had been in progress, as far as was known, for about four months, and was still increasing. The child was kept for the next eighteen months constantly in the horizontal position in a tray fitted with a mattress, in which it could be carried about. The curvature diminished steadily with the child's growth, which was rapid, and at length it almost entirely disappeared. It must be allowed that this treatment is very tedious; but, as far as I know, in no other way can extreme deformity be averted and a satisfactory result obtained. Gentle massage may be advantageously combined with it.

2. *Quiet Spinal Caries.*—The symptoms of spinal caries in different individuals are subject to considerable variety. In some instances pain, stiffness and impaired function are present in a marked degree, and in others all active symptoms, except stiffness, are so nearly absent that the main evidence of advancing disease is a slowly-increasing angular deformity. But cases are occasionally seen in which the usual symptoms entirely fail to attract attention. Some years ago I met with a patient aged nineteen, who had a perfectly distinct angular curvature of the lower dorsal spine, of which he could give no account. His back was perfectly strong, and he was leading an active life; and he could not remember any period at which his spine had given him any inconvenience. Such a case may strike you as being very remarkable—even perhaps inconceivable; but I may confirm my own observation by mentioning that both Sir James Paget and Mr. T. Smith have met with exactly similar cases. I think I can throw some light upon the subject by referring to what is not rarely seen in cases of tuberculous disease of the joints—namely, that the inflammation which the tuberculous disease provokes is sometimes plastic in its character, and may end, apparently in a few months, in firm fibrous, or even, though perhaps more rarely, in complete bony ankylosis. In these cases—and I have seen enough of them to be quite sure of their occurrence—a joint (it has been most commonly either the elbow or the shoulder) is found to be firmly ankylosed, but how or when the ankylosis occurred the child's parents have been quite unable to explain. It would seem as if the tissues, although unable to prevent the establishment of the tuberculous process, yet maintain a vigorous struggle against its further advance, and, soon winning the day, speedily undergo sound repair. In this way, perhaps, a case which occurred a few years ago may be explained. A boy aged nine had a perfectly obvious and advancing angular curvature of the dorsal spine, for which complete rest and a plaster-of-Paris jacket were employed. When this treatment had been followed for six months the patient was taken to a bone-setter, who said that one of the buttons of the back was out. This he proceeded to put in by manipulation—although, as you may suppose, without producing any change in the curvature—and he then ordered the boy to go about as usual. He forthwith did so, and no further development of spinal symptoms has since occurred. Now, the fact is familiar to all that when angular curvature has once become marked sound repair does not generally take place in so short a time as six months; but the form of plastic inflammation leading to rapid ankylosis which I am alluding to may run its course, I am sure, well within this period. It may be useful to draw attention in a pointed way to these cases of quiet disease of the joints and spinal column. Clinically they are certainly of much importance, because they contradict common experience in two respects: firstly, they run their course much more rapidly than the common set of cases do; and, secondly, they always end, as far as I know, in firm ankylosis, which the surgeon can do nothing to avert. Firm ankylosis

is a result which, unless you can make an authoritative statement to the contrary, parents will certainly attribute to your method of treatment by fixation; but I am quite sure you are justified in maintaining that it is not due to this treatment. It would have occurred just the same even if no splints had been employed. This is shown, in fact, by the cases which I have mentioned above, whilst, on the other hand, I have frequently seen tuberculous joints recover with absolutely unimpaired movement which have been kept uninterruptedly fixed in splints for eighteen months or two years. In short, ankylosis is determined by the plastic character of the inflammatory process and not by the fact that the joint is kept at rest. Pathologically this occurrence of early ankylosis is a valuable illustration of a fact that cannot be too strongly insisted upon—namely, that the tissues are often successful in their struggle against the advance of tuberculous disease, and that frequently when the struggle is over they undergo a completely sound repair.

3. *Malignant Disease.*—Primary sarcoma of the spine is very rare; but let me briefly mention two examples of it. They are instructive, for in both an erroneous diagnosis was made and acted upon. They were, in fact, both mistaken for tuberculous caries attended with the formation of angular curvature and abscess, and in both the resulting swelling was cut into in the belief that a collection of matter was to be evacuated. The first case occurred some years ago at the Hospital for Sick Children, Great Ormond Street, when I was Surgeon there.

Case 1.—A girl six years of age had, as it appeared, clear symptoms of tuberculous caries of the cervical spine. The head and cervical spine were kept in a fixed position; movement caused pain. The child supported her head with her hand as children do when they have spinal caries, and the spine had yielded so that the patient had wryneck. Soon a deep-seated and elastic swelling appeared in the right sub-occipital region which was regarded as an abscess. This gradually enlarged and approached the surface, and, when superficial enough for fuller examination, seemed to fluctuate distinctly. When an incision, however, was made, nothing but blood escaped. Subsequently what was obviously a sarcoma rapidly attained a large size, and the child died in about two months. At the post-mortem examination the left halves of the three upper cervical vertebræ were found to be almost entirely destroyed and replaced by new growth.

Case 2.—A young woman aged twenty-four was said to have originally complained of pain behind her left knee when she was sixteen years of age, and to have had curvature of the spine at eighteen. She had always been delicate, but had been able to walk until she was twenty-two. She then moved with difficulty, and complained of pain in her back and sides. Four months before I saw her she became unable to walk. When I saw her she had very marked deformity of the lower part of the lumbar spine, exactly similar to that which results from caries and excavation of two or three vertebræ. In the left iliac fossa there was a large, highly-elastic, tense swelling, which occupied the position of, and presented a perfect resemblance to, an iliac abscess depending on Pott's disease; when the swelling was incised, however, it proved to consist of a large sarcomatous growth. The great rarity of such a case as this, and the exact manner in which it assumed the features of a very common disease involving the same parts, made it, like the one first related, extremely deceptive. Let me hope that this brief reference to these two examples of a rare disease closely imitating a common one may some day save you from an error into which it is very easy indeed to fall.

The museum contains several specimens of sarcoma of the vertebral column. No. 438A shows a sarcoma in a boy aged eighteen, springing from the laminæ of the sixth, seventh, and eighth dorsal vertebræ, which, as it grew, destroyed the cord. The patient lived only for six months. In No. 517A the bodies of five vertebræ are extensively destroyed. No. 1,130 shows sarcoma of the sixth cervical vertebra on the right side, compressing the cord, from a woman who had primary sarcoma of the uterus, with secondary deposits in the spine, lungs, and pericardium. In No. 1,132A sarcoma involved the last cervical and four upper dorsal vertebræ in a man aged forty-six.

4. *Carcinoma of the Spine.*—This may be one of the secondary developments of carcinoma of the breast and of other parts also. I recently removed the breast of a patient who, having found a tumour which she was afraid might be cancer, had kept the matter to herself for nine months. During this time the growth steadily increased, and in the last two months she had suffered from very severe pains in her spine at the level of about the fourth dorsal vertebra and also round the sides of her chest. She had also found great difficulty in walking. When the spine was examined a well-marked angular curvature was found. I am glad of the opportunity of drawing your attention to this case, for it illustrates an important group. If you are to avoid serious mistakes and oversights in practice you must understand not only diseases but the subjects in whom they occur. Amongst other things you must remember that patients, either through fear or for some other motive, will sometimes, with remarkable skill and by recourse to many devices, keep their secret about some disease from which they are suffering, so that their most confidential friends are entirely ignorant of their condition. Let me mention another case. A women aged forty-three had severe girdle pains round the lower ribs and pain in the spine, with weakness of the legs. The pain was sometimes intense, and she moved with difficulty. Evidently serious mischief was in progress. At first sight the case might have been regarded as one of acute spinal caries, but the severity of the symptoms was out of all proportion to the local evidence, for all that could, at this period, be made out was that the spine was stiff; there was no angular deformity. As it was thought that possibly a new growth was in progress, the patient was asked about any swelling elsewhere, particularly in either breast, but she said that nothing of the kind was present. When further pressed, however, she allowed that she had known of a swelling in the left breast for eleven months. On examination a far-advanced scirrhus was found, together with extensive enlargement of the axillary glands. A few weeks later angular yielding of the spine became apparent, and pain was very severe; the right lower limb and, three weeks later, the left became paralyzed, and the patient lost control of urine and fæces, had large bedsores, and died, eight months after the first symptoms were noted, from exhaustion.

In the museum of the Hospital No. 1,129 consists of the upper cervical vertebræ of a man aged thirty-five, who had suffered for eight or nine months from pain in the neck and shoulders, which was attributed to rheumatism. For the previous four or five months an alteration of his gait had been observed; the shoulders were elevated and the neck was shortened. For two months he had been unable to wear a collar. One month before death the limbs and trunk became paralyzed. Power in the left arm and leg first failed, and in the course of a few days the paralysis was complete. The urine and fæces were passed involuntarily. The immediate cause of death was paralysis of the respiratory muscles. On examination the second and third cervical vertebræ were found to be almost entirely destroyed by carcinomatous growth. The seat of primary disease is not mentioned. No. 1,131 consists of seven cervical vertebræ from a man who died of scirrhous cancer of the breast, and secondary deposits in other organs. Five vertebræ are affected with scirrhous cancer. In the first and last two the cancellous tissue is loaded with the growth, whilst the two intervening vertebræ are almost entirely destroyed. The chief indications of the disease consisted of severe pains like those of rheumatism in the loins and lower limbs. It is not stated whether any paralysis occurred. No. 2,540 shows a soft brain-like carcinoma, projecting from the left side of the cervical spine from the fourth vertebra to the sixth vertebra. The growth is attached to the posterior surface of the dura mater. A portion of the fourth vertebra is infiltrated and softened. The disease was secondary to carcinoma of the pancreas. The patient was a man aged forty-six, who came under the care of Dr. Ormerod in July, 1879, complaining of constipation and abdominal pain. He had already had pains in the left shoulder, and in the previous week had lost power in his left arm. This pain and loss of power in the arm increased, and the muscles became atrophied. He had numbness in the fingers and he quickly lost flesh. Two months later he began to lose the use of his right hand, and complained of pain in the right biceps. In a few days both his legs became paralyzed, and the paralysis extended and became complete in all parts except the right arm. The respiration became embarrassed, and he died in about four months after his symptoms were first observed. The tumour remained deeply seated, and was not noticed till the post-mortem examination was made.

The symptoms of malignant disease of the spine bear, you will notice, at first sight a very close resemblance to those of acute Pott's disease. In the first place, the deformity which occurs is the same, and pain in the column and in the course of the intercostal nerves is also similar in the two affections; yet a closer study will usually disclose certain differences which are sufficient for a correct differential diagnosis. In the first place, pain is generally much more severe from the first—altogether a much more prominent symptom—in malignant disease than it is even in the most acute cases of Pott's disease. In some cases it amounts to agony. Secondly, the disease advances much more rapidly than caries, so that deformity makes its appearance very early—in the course of a few weeks—and then rapidly increases. Thirdly, paralysis, at first of a single limb, or even of a single group of muscles, but soon becoming extensive, is very commonly present within the first few weeks, and instead of tending to pass off—as is the case with paralysis due to Pott's disease when the spine is placed at rest—in malignant disease it tends steadily, and often rapidly, to become worse and worse. Fourthly, incontinence of urine and fæces is soon developed, and bedsores quickly form. Fifthly, the patient, instead of improving and gaining flesh, as is the case when he is placed at rest for Pott's disease, rapidly loses flesh and becomes feeble and cachectic. Sixthly, the course of the case is a steady and usually a rapid progress from bad to worse, so that, speaking generally, the patient does not survive for more than six or eight months. Lastly, there is in many cases evidence of primary carcinoma in the breast or elsewhere, a circumstance which in any

doubtful case he who would avoid mistakes must obviously be determined not to overlook.

5. *Syphilitic Disease of the Spine.*—This, I believe, is a rare condition. You will find but very scanty allusion to it in the handbooks at present in use, and I have met with it, as far as I know, in only two or three instances. These have been in the tertiary stage of syphilis, and in the form, judging from the symptoms, of chronic osteitis and periostitis, similar to that which may attack any of the long bones. I will briefly relate the case which seemed to be the most clear illustration of the condition that I have seen. A man forty-five years of age came to the Hospital with tertiary syphilis, from which he had suffered severely at intervals for upwards of fifteen years. He now had several broken-down gummata on the skull with severe hemicrania and numerous syphilitic scars about his face, trunk, and limbs. He complained of severe nocturnal pains in his back, and said that his spine was becoming bent, and so stiff that he could not stand upright. On examination, the dorsal curve of the spine was found to be considerably increased, so that the shoulders were very round and the head was bent forwards, and to be stiff, so that the patient could not stand uprightly. Attempts at movement were unattended with any increase of pain, and so was exercise, except that it produced the aching of muscular fatigue. The patient was ordered five grains of iodide of potassium, increased in the course of a few days to twenty grains three times a day. He rapidly improved in general condition, the gummata were absorbed and his ulcers healed. His hemicrania and also his spinal pain were quickly relieved, and the stiffness of the column was much diminished. Six years have since elapsed, and he has been seen from time to time. After a course of iodide of potassium he remains for a time fairly well. Then new gummata or cutaneous ulcers make their appearance, and pain returns in his head, or, with the same feature of severe nocturnal exacerbations, in his spine. This always yields, as do the other lesions, to a fresh course of the iodide of potassium. Each attack, however, has left the spine more arched and more stiff, and when I last saw him he was unable to raise his head above the level of his lower dorsal vertebræ. The direct proof that the spinal affection is syphilitic is wanting, as the patient is still living, but that it is syphilitic can, I think, hardly be reasonably doubted, when it is remembered that the patient is subject to inveterate tertiary syphilis, that the affection is always combined with other syphilitic lesions, that it is attended with nocturnal pains closely resembling those which affect his head, and that its active symptoms have always readily yielded to a course of iodide of potassium.

Clinical Jottings.

By Samuel West, M.D.

THERE are many facts which come under observation in clinical work, which seem too small to be recorded and are therefore lost or forgotten; yet they constitute, it may be, the very points of interest in the cases in which they occur.

A few such clinical jottings I set forth here:—

Pulse-respiration ratio in Pneumonia.—The alteration in the pulse-respiration ratio in acute pneumonia is rightly regarded as one of the most characteristic phenomena in the disease, and in doubtful cases becomes of great diagnostic value.

In health the ratio is about 4 to 1. And even in fevers, which do not specially involve the respiratory organs, the same ratio is still preserved. In acute pneumonia, however, the ratio falls to 3 or 2 to 1, and even lower than this.

Characteristic as this change is in pneumonia, still it is not constant. Two instances of exceptions to this general rule have recently come under my observation. In the first case, an adult, the ratio was P126, R24, *i.e.*, 5 to 1, and that with high fever and characteristic physical signs. It was not until the pneumonia had lasted four days and was reaching its crisis that the respirations rose to 40. The second case occurred in a child of 11, with a temperature of 104, and consolidation of the whole left lower lobe; though the pulse varied from 140 to 156, the respiration rate did not exceed 32 and was often 28, giving a ratio again of about 5 to 1.

On the other hand, the reduced pulse respiration ratio is not absolutely peculiar to pneumonia, but is sometimes met with in other affections.

1.—In bronchitis and broncho-pneumonia in children. In the latter affection I have once seen the respiration 140, and nearly as rapid as the pulse, which numbered 160. The child recovered.

2.—With acute affections of the pleura. In this group the breathing is painful and the respirations are therefore shallow, and what they want in depth is made up by increase in number.

3.—In acute inflammation of the pericardium, or of the pericardium and adjacent pleura.

I have seen two instances of this lately, both in young women in the course of rheumatic fever, and associated with recent endocarditis.

In the first case, the respirations numbered 80 and the pulse 120—*i.e.*, a ratio of 2 to 1.

In the second case, the pericarditis was associated with pleurisy in the neighbourhood. The respiration was 70 and the pulse 120, yielding again a ratio of less than 2 to 1.

4.—In acute inflammatory cardiac affections. In a girl of 19 with acute rheumatism and old mitral disease, with a normal temperature and no joint pains, the respiration numbered 48 and the pulse 120—ratio 2½ to 1—and at the time some fresh and active mischief was developing in connection with the aortic valves.

5.—The last group to which reference may be made is that of the so-called hysterical asthma. No confusion with acute pneumonia is ever likely to arise in such cases, for the temperature is normal, and though the respirations are rapid there is no dyspnœa. The breathing, though frequent, is deep and noisy, the lips and cheeks are bright—red and flushed, and not dusky.

Hysterical asthma resembles most the noisy panting respiration met with in some forms of diabetic coma.

The most remarkable instance of hysterical asthma I have met with, occurred in a girl of nineteen, in whom the respirations were more rapid than the pulse, and numbered 110, while the pulse beats numbered only 90. In another case, that of a girl aged twenty, the respirations numbered sixty, while the pulse continued to beat quietly at about its normal rate, viz., 84. In a man of 24, the respirations were 64, while the pulse was 120.

In spite of the various exceptions referred to, the reduced pulse respiration ratio when associated with fever proves in the great majority of cases to be due to pneumonia, and it is often sufficient to lead to the correct diagnosis where characteristic physical signs are absent.

Some remarks on Albuminuric Retinitis.—Albuminuric retinitis is a late symptom in granular kidney. In itself, though suggestive, it is not pathognomonic, for similar appearances are occasionally seen in the optic neuritis which follows cerebral tumours and meningitis. When it is added to other symptoms of interstitial nephritis, the diagnosis of granular kidney, which may have been only probable before, is rendered absolutely certain.

Being, however, a late symptom, the suspicion of granular kidney has usually been aroused long before the appearance of retinal changes. Even extensive albuminuric retinitis may exist without any obvious defect of vision, so that ophthalmoscopic examination may detect it when there has been no symptom to draw attention to the eye.

For a very long time even with extensive changes in the neighbourhood of the yellow spot, the papilla may remain unaffected. Marked optic neuritis is probably a still later symptom than retinitis, and many cases run their course to the end without the papilla becoming affected at all. With cerebral tumours the optic neuritis is the first lesion, and the changes near the yellow spot and elsewhere of later dates.

The most remarkable fact in albuminuric retinitis is its symmetry; that is to say, both eyes are involved and the same parts of both eyes. It does not follow, however, that though the affection is symmetrical, it is developed to the same extent in both eyes. Instances of unilateral albuminuric retinitis are, I am certain, very rare. I have never yet seen an instance of it. Presumably in an early stage it exists. Yet it is remarkable, that even in the earliest stages when the changes are but slight, they are almost invariably found in both eyes. Recently I have seen two cases in which there has been a remarkable difference in degree of development on the two sides. In the one eye the changes were advanced and most characteristic, while in the other they were so slight as to have been at first overlooked. In both instances the lesions subsequently found were not in the immediate neighbourhood of the yellow spot, but above it, and some little distance away, and consisted in the one case of a single small patch, and in another of the small group of minute ones.

Poisoning from Sardines.—A girl of 17 was admitted on Aug. 30th extremely ill—in a state of great asthenia, almost collapsed and with t° of 104. At the time of admission no history was obtainable which threw any light on the case. As the throat had been a little sore, diphtheria with profound asthenia was thought of. All the specific fevers could be excluded, except typhoid, which the asthenia seemed to render most probable. The temperature remained very high for four days, reaching once a maximum of 104·6. No throat symptoms developed, nor was any evidence of typhoid fever forthcoming; the motions were formed and natural. The profound asthenia caused great anxiety for the first two days, but with the fall of temperature, all the symptoms improved. After four days the patient was convalescent, though feeble, and she made a rapid recovery. It was then ascertained that two days before her admission she had eaten of sardines, and that of the rest of the family her mother and sister, who were the only others who had eaten of them, had both been taken ill, though the symptoms were much less severe and rapidly passed off.

Constipation in Typhoid Fever.—Many cases of typhoid fever, especially in young people, have no diarrhœa. This is not the point I wish to deal with. It is rather with the symptoms, some of them very alarming, to which constipation in typhoid may lead. I remember a lad of about twelve years of age who, during convalescence from typhoid fever, was seized one day with violent abdominal pain, and became so much collapsed that his life seemed in danger. The bowels had not been freely open for some days, and as no other cause for his attack except intestinal colic was obvious, an enema was prescribed. It produced copious evacuation with immediate relief to the pain.

A woman of about thirty-five who had had a very severe attack of typhoid and a bad relapse, through which she had with great difficulty struggled, convalesced and was discharged from the Hospital. A week later she was brought back in a state of profound collapse, with drawn face, sunken eyes, an almost imperceptible pulse and low temperature. Her only complaint was intense abdominal pain—the idea of perforation—peritonitis at once suggested itself, but the abdomen was not distended. Examination of the rectum revealed fæcal masses, which were removed with an enema. The relief was immediate, and in a few hours the patient was well. In the two cases described the temperature was below normal, but the condition of profound collapse rendered the absence of fever of little importance in diagnosis.

On the other hand, even without pain or other abdominal symptoms, constipation may send the temperature up—even it may be as high as 103°. Such a return of fever during convalescence would at once excite fears of a relapse—which are only allayed when the bowels are relieved and the temperature falls as suddenly as it rose.

Cases of this kind are not at all uncommon, but they are not peculiar altogether to typhoid. They are met with for example after parturition, and are then, though for different reasons, equally alarming, for it is difficult in both cases to refer the disturbance to its proper cause and to exclude complications. As a rule, however, though the temperature rises, the patients do not seem to be otherwise ill; whereas in serious complications the rise of temperature would be accompanied with signs of general illness.

In typhoid, to save such alarms it is my usual practice to have an enema administered every three days if the bowels have not been relieved during convalescence, and about once a week during the fever if there be constipation.

I refer to this group of cases because attention is not, I think, often enough drawn to it, and because in the dread of grave causes the true explanation, on account of its very simplicity, may not suggest itself.

The Abernethian Society of St. Bartholomew's Hospital.

IN 1795 "The Medical and Philosophical Society" was formed at St. Bartholomew's Hospital. John Abernethy, assistant-surgeon to the Hospital (elected in 1787), and lecturer on Anatomy, Physiology, and Surgery, was the founder, and was aided by Dr. Richard Powell, an Oxonian, who became physician to the Hospital in 1801, and by many of the students.

The objects of the Society were the reading of medical or scientific papers, their discussion, and the maintenance of a library. The meetings were held on Tuesday evenings from the first week of October to the last week of April, in a room of the Medical School, and sometimes in the Lecture Theatre, which had been built in 1791 to accommodate the large number of students attracted by Abernethy's lectures. Regular minutes, containing full abstracts of the papers and discussions, were kept. The first volume of these minutes is not in the possession of the Society; the second includes the period from April 30, 1799, to October 13, 1807; while the third extends from October 13, 1807, to April 25, 1815. The volumes from 1815 to 1848 have been lost, though some accounts remain. From 1848 the minutes are complete.

The earliest list of the officers of the Society contains those elected April 30, 1799, to serve in the fifth session, 1799-1800.

Presidents:

Mr. Jno. Abernethy.	Thomas Bradley, M.D.
Richard Powell, M.D.	Mr. James Macartney.
Mr. Joseph Hurlock.	Mr. William Blair.

Librarian and Treasurer: Mr. John Haslam.

Secretary: Mr. J. C. Hunt.

Members of the Council:

Mr. Vincent.	Mr. Brown.
,, Beveridge.	,, Rees.
,, Thomas.	,, Wood.

Of these Mr. John Abernethy is the most famous in the existing Society and in the outer world. He was born 3rd April, 1764, in London, and his father, John, was a merchant, son of John Abernethy, a Presbyterian minister in the north of Ireland. This preacher, some of whose sermons are still read, was nine years old at the time of the famous siege of Londonderry. He had been sent to Scotland that his education might not be interrupted by the troubles of the times; but his mother, whose house was in Londonderry, remained in that city, and all her other children died within the walls before the siege was raised. Her grandson entered at St. Bartholomew's in 1779. He was elected assistant-surgeon in 1787, became full surgeon in 1815, and resigned in 1827. There had been occasional teaching at St. Bartholomew's from early times, but Abernethy turned the Hospital from a place of scattered, unsystematic instruction, into a teaching institution, academic in its proportions and in its methods, a college larger than the medical faculties of some universities. He made some contributions to professional knowledge, but the chief effect of his industrious life was the impetus which he gave to medical education at St. Bartholomew's. He died 28th April, 1831, and it was probably after his resignation that "The Medical Society of St. Bartholomew's," as it had come to be called, adopted the name of its founder, who was certainly president till 1815, and probably till his death. The first document in the possession of the Society in which it is called "The Abernethian Society" is a balance-sheet of the year 1836. A fine portrait of Abernethy, by Sir Thomas Lawrence, hangs in the Great Hall, and a silver cup given to him by his pupils is always used as a loving-cup at the annual dinner of the medical officers and teachers. A surgical ward bears his name. Thus in all parts of the medical commonwealth of St. Bartholomew's he is honourably commemorated, and his will always be *clarum et venerabile nomen*. Dr. Richard Powell, who was physician to the Hospital from 1801 to 1824, was educated at Winchester and at Merton College, Oxford, and died in 1834. He wrote some sound medical books and papers, and one interesting essay on the early history of the Hospital. He took an active part in the discussions of the Society. His portrait is in the Hospital committee-room. Mr. Joseph Hurlock was apothecary to the Hospital. Dr. Thomas Bradley was a graduate of Edinburgh, but a native of Worcestershire. He was editor of *The Medical and Physical Journal*, and while president of the Society was physician to the Westminster Hospital. He died in 1813. Mr. James Macartney was a celebrated anatomist, and his museum of bones and other specimens is preserved in the University of Cambridge. Mr. Vincent became surgeon to the Hospital in 1816, and his portrait is to be seen in the Great Hall.

The first paper recorded in the minutes is one read Oct. 1, 1799, by Dr. Bradley, on Gout. Cases in the wards were often discussed from the first. The meetings were well attended, and regularly held, except on one occasion, Tuesday, Feb. 24, 1807, when, as the minutes record, "in consequence of the gates of the Hospital being surrounded by the populace, members could not obtain admission."

The only serious difficulties seem to have been about the library, and these, no doubt, led to the ultimate transfer of the books to the school library, where several of them still remain, with the book-plate of the Society, and serve to show the interest felt by its members in good medical books of all periods. These are the chief facts of the early history of the Abernethian Society. The character and value of its present papers show that it has maintained for a hundred years the high standand of scientific merit with which it began.

N. M.

Sir William Savory, Bart.

IN June this year the colleagues and pupils of Sir William Savory presented a life-size oil-painting, by W. Ouless, Esq., R.A., to the Governors of the Hospital. On that occasion there was a large gathering of friends and admirers of the famous surgeon to witness the presentation. After a short introduction by Sir Trevor Lawrence, Sir James Paget (who after paying a high tribute to the surgical skill, culture, and oratorical eloquence of Sir William Savory as well as giving us his conclusions of him as a pupil and colleague, in most glowing and deserved terms of praise) formally presented the painting to the Governors. Sir William Savory, deeply moved, returned thanks for the great honour done to him that day, and expressed his sincere and deep gratitude to the donors of the gift in his usual most charming and eloquent style, which we all regret we are now deprived of hearing more often. The proceedings closed by Sir Trevor Lawrence, as treasurer of the Hospital, on behalf of the Governors, accepting the gift. It is placed in a prominent place next to Sir James Paget's portrait on the north wall of the Great Hall.

Sir William Savory entered St. Bartholomew's Hospital in 1844. Qualifying M.B., Lond., 1848, he took his F.R.C.S. by examination in 1852. He was first appointed to the museum, in which place he worked after Sir James Paget up to quite recent times. He wrote in 1862 a Catalogue of Addenda to Sir James Paget's Catalogue of 1846-51. He was elected surgeon in 1867. In 1859 he was appointed lecturer on general anatomy and physiology till 1869, when he was appointed joint lecturer in surgery with Mr. Coote and with Mr. Callender in 1873. In 1879, on the death of Mr. Callender, he was sole lecturer in surgery, which appointment he held till 1889, when he resigned. On his resignation as surgeon in 1891, he was appointed consulting surgeon. He was examiner at the Royal College of Surgeons for many years, and President for four years in succession. He was made F.R.S. in 1851, and was on the Commission for the London University, and is now on a Commission to enquire into vaccination. He was further a professor in comparative anatomy at the Royal College of Surgeons for many years. He is surgeon-extraordinary to Her Majesty the Queen; was surgeon to Christ's Hospital and consulting surgeon to the Great Northern Hospital, London Fever Hospital, Royal General Dispensary, Charterhouse, and to the Warhousemen and Clerks' School.

He wrote much. Among his best-known works are "Life and Death," "Essays on Pyæmia," "Hunterian Oration," and many papers on subjects surgical and philosophical. He was the great opponent to Listerism (not antiseptics) when it was introduced by that great surgeon.

The Stewards' Feast.

THIS feast, which is given every two years, took place in the Great Hall on July 23rd. About 170 were present, the treasurer, Sir Trevor Lawrence, in the chair. In addition to the Almoners, House Committee, and many of the Governors, the Medical and Surgical Staff, the School Staff and the Junior Staff were invited, and a number of visitors, including the Lord Mayor, Sir Joseph Fayrer, Mr. Norman Lockyer, and others.

The "Buck Feast," as it is generally called, is a very old Hospital Institution. There are records of its being held annually as far back as 1675, with the names of the stewards who gave it on each occasion. From the first, venison was always one of the chief items in the bill of fare, and on several occasions one of the stewards is mentioned as sending up for it one or more bucks. For many years tobacco and long clay-pipes found a place in the "cooke's" bill.

After grace a capital dinner was served, for which the thanks of all are due to the stewards; then followed a number of toasts, interspersed with a most excellent musical programme, beginning with "God save the Queen." The first toast, proposed by Sir Trevor Lawrence, was "St. Bartholomew's Hospital," in which he dwelt on the past and present state of the finances, on the improvements which had lately been completed and others which were contemplated, and then added his congratulations to the recent addition to the staff and regrets at losing those who had gone. Sir Joseph Fayrer proposed "The Medical and Surgical Staff," to which Dr. Church and Mr. Thomas Smith responded. The latter then gave "The Treasurer and Almoners," and the Chairman and Senior Almoner, Mr. Figgins, replied. Mr. Figgins proposed "The Visitors," coupled with the name of Mr. Norman Lockyer, who answered for them; and lastly "The Stewards" was given by Sir Trevor Lawrence, and for them Mr. Alderman Vaughan Morgan replied. After a final glee the company left.

Old Students' Dinner.

THE annual dinner of old students took place in the Great Hall of the Hospital on Oct. 2nd. There were present altogether 129 old students and guests. Amongst the old students we were pleased to note some who are residents abroad, and the guests included Sir Richard Quain, Bart., Sir Trevor Lawrence, Bart., Professor Charles Stewart, Dr. J. N. Dick, C.B., Director-General Naval Medical Department, Mr. Thorley, Warden of Wadham College, Oxford, Mr. Trimmer, Mr. Hallett, and others.

Dr. Andrew, consulting physician to the Hospital, occupied the chair, and was supported by Sir James Paget, Bart.

Sir William Savory, Bart., Mr. Thomas Smith, Dr. Church, and most of the Hospital staff.

After an excellent dinner, Dr. Andrew proposed the loyal toasts of "The Queen" and "The Prince of Wales, Princess of Wales, and the rest of the Royal Family."—Sir Dyce Duckworth then proposed "The Army, Navy, and Reserve Forces," remarking that he had himself held for a short time a commission in the Naval Medical Service.—Director-General Dick, C.B., responded.—The Chairman then gave the toast of the evening, "Prosperity to St. Bartholomew's Hospital and School, and Health and Success to all Old Students."—Sir Trevor Lawrence, the treasurer of the Hospital, responded, remarking that the affairs of the Hospital were in a prosperous condition. He contrasted the state of education and the requirements in the School at present with those in his time as a student. The Hospital and School, he said, were so intimately associated that for practical purposes they must be regarded as one. The Governors were justly proud of their School in all departments as to make it second to none in the world.—Mr. Butlin next proposed "The Visitors," and Sir Richard Quain and Mr. Thorley responded—Sir James Paget, with his usual eloquence and impressiveness, then proposed the health of "The Chairman." He spoke of Dr. Andrew's good work and service in the interests of the School, and paid a high tribute to the earnestness, clearness, and completeness of his teaching. The toast was received with musical honours, and Dr. Andrew replied.—The last toast, "The Health of Dr. Hensley, the secretary," was proposed by Dr. Norman Moore, in a humorous speech, and Dr. Hensley replied in suitable terms.

After dinner the party adjourned to the Library in the Medical School, where coffee was served; and here many old friends were enabled to meet and talk over old times and compare notes. A most enjoyable and pleasant evening was spent by all.

The Annual Summer Concert,

GIVEN BY THE JUNIOR STAFF AND MUSICAL SOCIETY.

THIS concert took place this year on the 18th of July in the Great Hall, lent for the occasion by the kind permission of the Treasurer. The entrance-hall and fine old oak staircase were lined with plants, which the Sisters of the wards were good enough to lend for the evening. The room, and especially the stage, was very pleasingly decorated in the same way.

The concert began a few minutes after eight, and the room was crowded—almost too crowded. Many of the staff were unfortunately absent on account of the final examination at the College which was then going on. Most of the nurses were accompanied by friends, and to see the uniforms dotted all over the hall amongst the visitors had a very charming effect, and amongst them we were glad to see a good many nurses from other hospitals.

The first piece by the orchestra, "The pilgrim's march," from Mendelssohn, was well executed; then the Choral Society, composed of members of the nursing staff and students at the Hospital, sang a chorus, "Forth to the meadows," by Schubert, and also later two other glees, "The chough and crow," by Bishop, and "Good-night, farewell," from Garrett, all of which were thoroughly appreciated. Two songs by Nurse Machonochie, "Chanson de Solveig," by Grieg, and "Unless," by Carracciolo, were both loudly encored. Mr. Haydon gave two charming pieces on his violin, "Romance," and "Bolero," from Dancla. The orchestra also played a minuet, "Berinici," by Handel, "The graceful dance," by Sullivan, and "The Hungarian Czardas," by Michiels; but their most ambitious piece, "Peer Gynt," from Grieg, at the end of the first part, which is a most difficult undertaking, was thoroughly well done and warmly applauded. Dr. West requires no praise, and in his usual form sang two songs, the first, a very pretty French song, called "Oh! ma charmante," by Sullivan, followed by "Twickenham ferry." Nurse Mitchell sang most sweetly "My ladie's bower," and received the encore she deserved. Mr. Nugent Baker sang "The devout lover," and "Off to Philadelphia." The latter favourite especially took well. Herr Gallrein kindly played a piece as a solo on the 'cello, which was perfect, and as an encore he gave a mazurka by Moscowsky. The Resident Medical Staff sang two choruses, "The Canadian boat-song," and "Three doughtie men." The latter received the encore of the evening. Great thanks are due to Dr. Dundas Grant, who took such pains to arrange and to conduct all the orchestral and choral pieces, and to Mr. Hobart, who accompanied every item in the programme.

In the interval, besides the refreshments provided in the committee-room, the Junior Staff invited their friends to their rooms, which, both inside and out, had been tastefully decorated with fairy-lights, lanterns, flags, &c.; and it was surprising to see what an alteration in such a piece of—to say the least—plain building could be made for the occasion. After "God save the Queen" the company broke up, having spent a most enjoyable evening, and with expressions on all sides that the concert had been a great success.

Changes in the Staff of the Hospital and Medical School during the Year.

DURING the past year Dr. Andrew has retired from active service as physician, and has been elected consulting physician. Dr. Hensley has become a full physician, and Dr. Ormerod has been elected assistant-physician. Mr. James Berry has become surgical registrar, in place of Mr. Lockwood,

and Dr. Herringham has succeeded to the medical registrarship, in connection with which arrangements have been made to meet the long-felt want of the students, by giving assistance to the clerical clerks on the same lines as carried on by the surgical registrars for some time past. Dr. Gee, having resigned the joint lectureship on medicine, has been succeeded by Dr. Norman Moore. The lectureship on pathology, recently vacated by Dr. Moore, has been given to Dr. Kanthack, whose appointment is much appreciated, and who is welcomed back to his *alma mater*. During the past few years Dr. Kanthack has done good work, not only as a teacher of bacteriology at Cambridge and as medical tutor at Liverpool, but also as an investigator, having published the following papers: "On the Nature of the Cobra Poison," "On the Action of the Epiglottis during Deglutition" (with Dr. Anderson), "On Eosinophile Cells and Leucocytes" (with Mr. W. B. Hardy), and an address to the Abernethian Society, "On Contagion and Infection." He was also on the Leprosy Commission to India. Dr. H. Tooth has succeeded Dr. Ormerod as demonstrator of morbid anatomy. Mr. R. Gill has succeeded Mr. Mills as chief administrator of anæsthetics. The department of practical physiology is now in the hands of Dr. Edkins, who has replaced Dr. Harris as demonstrator. Dr. Edkins was scholar of Caius College, Cambridge, in 1882, graduated B.A. with first-class honours in Part II. of the Natural Science Tripos in 1886, then was elected to the Shuttleworth Scholarship, and studied medicine at St. George's Hospital. In January, 1890, he became demonstrator of physiology at Owen's College, Manchester, and in January, 1893, was elected to the George Henry Lewis Studentship, working at the Brown Institution. He has written papers on "Pepsin and Pepsinogen," on "Fat Absorption Apparatus," on "The Action Pancreatic and Rennet Ferments on Milk," with others on digestion and absorption.

In anatomy Dr. Herringham and Mr. Berry have been followed by Mr. H. J. Waring as demonstrator, whilst Messrs. Hayward and Paton have been elected assistant demonstrators. During the year a demonstratorship and an assistant-demonstratorship of chemistry have been constituted, and these offices have been filled by the election of Dr. F. D. Chattaway and of Mr. Alfred Howard. Dr. Chattaway studied at Mason College, Birmingham, and at Christ Church, Oxford, taking the B.A. degree with first-class honours in the Natural Science School, and the B.Sc., London, with first-class honours in chemistry. He has studied under Bæyer and Bamberger in the Research Laboratory at Munich, where he graduated Ph.D. (*summâ cum laude*). He is a D.Sc. of London, his original thesis being on the "Constitution of the Higher Members of the Phenanthrene Series."

The Advanced Classes which Dr. Edkins and Dr. Chattaway have just begun are, we understand, much valued by the students.

Junior Staff Appointments.

House Physicians to—

Dr. Church—J. Miller, M.R.C.S. (Lond.), W. G. Horne, B.A., M.B. (Cantab).

,, Gee—B. B. Thorne-Thorne, M.R.C.S. (Lond.), P. Horton Smith, M.A., M.B. (Cantab.), M.R.C.P.

Sir Dyce Duckworth—H. Troutbeck, B.A., M.B. (Cantab.), C. S. de Sequndo, M.R.C.S. (Lond.)

Dr. Hensley—E. C. Bridges, M.R.C.S. (Lond.), H. L. Brooksbank, B.A., M.B. (Cantab).

Mr. Smith—C. Buttar, B.A., M.B. (Cantab), M. Llewellyn-Jones, F.R.C.S.

,, Willett—H. J. Paterson, B.A., M.B. (Cantab.), W. H. Maidlow, F.R.C.S.

,, Langton—M. L. Hepburn, F.R.C.S., N. O. Wilson, M.R.C.S. (Lond.)

,, Marsh—A. H. Buck, M.R.C.S. (Lond.), R. Smith, B.A., M.B. (Cantab.)

,, Butlin—W. B. Jones, M.B. (Lond.), P. Furnivall, M.R.C.S. (Lond.)

Ophthalmic House Surgeon—J. Attlee, B.A., M.B. (Cantab.)

Resident Midwifery Assistant—E. H. E. Stack, B.A., M.B. (Cantab.)

Extern ,, ,, —J. D. Stubbs, M.A., M.B. (Cantab.)

Notes.

Sir James Paget, who has lately been severely indisposed, is, we are glad to say, very much better.

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We are very glad to hear such good reports as to the health of Mr. Morrant Baker. We wish him a speedy and good recovery.

* * *

We congratulate—

Mr. C. R. Stevens, M.D., Lond., F.R.C.S., Eng., late H.S. to Mr. Willett, on passing First out of Netley into the Indian Medical Staff Corps. He goes to Bengal Presidency. Also on the addition to the family.

Mr. J. Foulkes, M.R.C.S., L.R.C.P., on his success in the same examination. He goes to Madras Presidency.

Mr. D. Pryce Jenkins, on his selection by the Local Government Board for special work in connection with the cholera epidemic at Grimsby.

H. Marshall, on his election to the captaincy of the Blackheath Rugby Union Football Club.

Mr. Grant, late senior assistant anæsthetist to the Hospital, on his appointment as surgeon to the *Trojan*, in the Union Steamship Co., Ld., Line to the Cape.

Mr. E. J. P. Olive, M.A., M.B., B.C. Cantab., F.R.C.S., Eng., &c., late H.S. to Mr. Willett, on his appointment as H.P. to the Leamington Warneford Hospital.

Mr. A. B. Boyd, M.B., B.S., Oxon., on his appointment as house surgeon to the Radcliffe Infirmary, Oxford.

Mr. H. A. Eccles, late H.P. to Dr. Gee, on his appointment as resident medical officer to the London Fever Hospital.

Miss Bastow, on her appointment as Sister John. We wish the late Sister John every happiness in the new circumstances of life she is about so soon to enter.

* * *

Amongst the successful candidates in the competition for entrance into the Army and Indian Medical Services, held in August last, we are pleased to note the following Bart.'s men: Mr. Leumann gained the third place in the Indian Service; Mr. Evans was seventh; and Mr. Peck took the tenth place. In the Army Service Mr. S. F. St. D. Green obtained the wooden spoon.

* * *

A new entrance for ambulance cases has been made by the Chapel to the entrance to the surgery on that side, to avoid the motley crowd assembling in front, and to stop the blockage to traffic which it causes. It is found a great convenience in the now overcrowded surgery in the morning.

* * *

We note that the sanitary inspector to the Hospital has thoroughly investigated Mackenzie's, and reports that, considering the age of the building, it is in a most satisfactory state hygienically, and that no further improvement can be added short of demolition.

Obituary.

Charles William Heaton, F.I.C., F.C.S., whose death we regret, which took place at his residence at Bedford Park, on September 11th last, from chronic pulmonary disease. He commenced his studies in chemistry at St. Bartholomew's Hospital with Dr. Stevenson, Professor Kekulè, Dr. Attfield, and Professor Tuson. He was associated with Professor Kekulè in his original work on the structure of the Aromatic Series. He first went as teacher in chemistry to the Royal Benevolent College, Epsom. In 1862, on the appointment of Professor Tuson to the Royal Veterinary College, he succeeded him as lecturer in chemistry at Charing Cross Hospital, where he continued till his death. He was also lecturer in chemistry to the London School of Medicine for Women. He was a contributor to various chemical and other journals. He was associated with Drs. Tidy, Dupré, and Frankland in the Royal Commission on the Condition of the River Thames in 1882-3. He also was examiner in chemistry for some years at the Royal College of Physicians and Royal College of Veterinary Surgeons, treasurer to the Society of Public Analysts, was himself public analyst to S. Martin-in-the-Fields. He was the author of "Experimental Chemistry."

Notices of Meetings and Fixtures.

ABERNETHIAN SOCIETY.

Oct. 19th—W. H. Maidlow, F.R.C.S., "Electrical Department Cases."

„ 26th—W. J. Collins, M.D., F.R.C.S., "Some Medical Work on the L.C.C."

Nov. 2nd—Oswald Brown, M.D., "Pleuritic Effusion."

„ 9th—F. P. Weber, M.R.C.P., "Arterial Atheroma and Arterial Sclerosis."

ATHLETICS.

Rugby Football, 1st XV.

Oct. 14th—Sandhurst, at Sandhurst.
„ 21st—Bedford, at Bedford.
„ 28th—Croydon, at Croydon.
Nov. 4th—Wickham Park, at Lee.
„ 8th—East Sheen, at Richmond.
„ 11th—Cooper's Hill, at Cooper's Hill.

Association Football, 1st XI.

Oct. 14th—Minerva, at Lee.
„ 18th—Civil Service, at Wormwood Scrubbs.
„ 21st—Reigate Priory, at Reigate.
„ 25th—
„ 28th—Ealing, at Ealing.
Nov. 1st—Sittingbourne, at Sittingbourne.
„ 4th—Gravesend, at Gravesend.
„ 8th—Hastings, at Hastings.
„ 11th—London Welsh, at
„ 15th—Casuals, at Wormwood Scrubbs.
„ 18th—Vampires, at Balham.

S.B.H. STUDENTS' CHRISTIAN ASSOCIATION.

Meetings on Thursdays, in the Inquest Room at the Hospital. Tea and coffee, 4.45 p.m. Address 5.0 p.m.

Oct. 19th—Frank Jones, Esq., Corpus Christi College (Cantab).

„ 26th—S.B.H. Missionary Society Meeting.

Nov. 2nd—Prayer Meeting at Guy's, 5.30 p.m.

„ 9th—Prayer Meeting at Bart.'s, 5.30 p.m.

„ 13th-17th (inclusive) M.P.U. Mission in the church of S.B.H.

A Prayer Meeting is held in the vestry of the Hospital church during the Session, daily (except Saturday), from 12.45 to 12.55.

REQUEST.

THE Finance Committee of the Amalgamated Clubs would be greatly obliged if any Old Bart.'s men, who may have copies of photographs of winning teams prior to 1890, would be kind enough to let them have such for the purpose of hanging them in the smoking-room.

Scholars and Prizemen, 1892-93.

THE Entrance Scholarships and Exhibitions were awarded on Tuesday last to the following gentlemen: The Scholarship of £75, in Biology and Physiology, was gained by Mr. E. C. Morland, of Owen's College, Manchester. The other Scholarship of £75, in Chemistry and Physics, was awarded to Mr. R. H. Bremridge, B.Sc. (Lond.), B.A. Magdalen College, Oxon. The Junior Open Scholarship of £150, in Biology, Chemistry, and Physics, was given to Mr. H. A. Colwell (honours in Prel. Sc. (M.B., Lond.). The Preliminary Scientific Exhibition of £50 was gained by Mr. J. E. Robinson (Prel. Sc., Lond.). The Jeaffreson Exhibition of £20, in Classics and Mathematics, was awarded to Mr. G. V. Bull, B.A., Caius College, Cambridge.

Lawrence Scholarship and Gold Medal—A. S. Blackwell.
prox. acc. P. Horton-Smith.

Brackenbury Medical Scholarship—H. L. Brooksbank.
prox. acc. F. E. A. Colby. J. S. Sloane.

Brackenbury Surgical Scholarship—J. S. Sloane.

Senior Scholarship in Anatomy, Physiology, and Chemistry—J. Hussey,
prox. acc. M. G. Pearson.

Open Scholarships in Science, Chemistry, and Physics—C. Todd.
Biology and Physiology—W. d'E. Emery.
Junior—S. B. Atkinson.

Preliminary Scientific Exhibition—J. H. Churchill.

Jeaffreson Exhibition—J. H. Thursfield.

Kirke's Scholarship and Gold Medal—G. C. Garratt.

Bentley Prize (Medical)—H. T. Maw.

Hichens Prize—T. J. Horder.

Wix Prize—(no award).

Harvey Prize T. J. Horder, J. Hussey, Æq.

3. J. P. Maxwell.
4. J. A. O. Briggs, A. Heath, Æq.
6. M. W. Coleman.
7. A. R. J. Douglas.
8. W. M. Macdonald.

Sir George Burrow's Prize—C. P. White.

Skynner Prize—C. P. White.

Practical Anatomy, Junior.
Treasurer's Prize—J. H. Churchill.
2. J. Brock, W. R. Gibson, H. Mundy, Æq.
5. D. L. Beath.
6. R. P. Brown.
7. A. W. Dickson, T. C. L. Jones.

Practical Anatomy, Senior.
Foster Prize—
G. E. Dodson, S. P. Huggins, Æq.
3. G. D. Reynolds.
4. S. P. W. Brigstocke.
5. A. B. Tucker.
6. P. A. Palmer.
7. W. Giblin.
8. A. R. J. Douglas, W. R. Stowe, Æq.
10. J. P. Maxwell.

Shuter Scholarship—A. R. Cook, B.A.

Junior Scholarships—S. B. Atkinson. 2. T. D. Jago.

Junior Scholarship in Chemistry—W. J. Harding.
2. R. P. Brown.

Pass Lists at Examinations.

I.—INTERMEDIATE M.B., LONDON. JULY, 1893.

M. G. Pearson (1st Class Honours in Organic Chemistry, 2nd Class Honours in Anatomy, and 3rd Class Honours in Physiology).

First Division.

J. A. O. Briggs.

Second Division.

G. A. Crace-Calvert. J. Hussey.
E. W. Groves, B.Sc. J. P. O'Hea.
A. Heath. F. A Smith.
H. E. Thompson.

Excluding Physiology.

J. F. Bill. M. W. Coleman. J. H. Hugo.
T. Chave. E. Pratt. A. R. H. Skey.

Physiology only.

A. D. Ducat. G. F. Murrell.

II.—PRELIMINARY SCIENTIFIC M.B. JULY, 1893.

Honours.

H. A. Colwell (2nd Class, third in order in Zoology).
S. A Millen (3rd Class, fifth in order in Zoology).
G. P. Tayler (3rd Class, sixth in order in Zoology).

Pass all subjects.

H. D. Everington. P. W. Rowland.
W. T. Rowe. H. H. Scott.

Chemistry and Physics.

R. Hatfield. G. C. Marrack. H. Bond.
F. E. Robinson. F. Brickwell. J. G. F. Hosken.

Biology.

N. Joy. W. H. Cazaly, B.A.
H. H. Thomas. J. H. Rhodes.

III.—FINAL M.R.C.S. AND L.R.C.P. JULY, 1893.

Medicine, Surgery, and Midwifery.

J. J. G. Blandford. G. A. Harrison. T. H. Woodfield.

Medicine and Midwifery.

S. E. Gill. T. W. W. Burgess. C. Corben. W. Wyllys.
W. Royden. C. G. Cory. O. L. Reid. A. F. Stevens.

Surgery and Midwifery.

P. E. Turner. W. Shears.
L. Feaver. N. F. Rowstron.
T. G. Wakeling.

Medicine.

H. Noyes. G. E. Bensley. R. W. Fisher.
C. H. Langford. H. S. Elworthy. H. T. Du Heaume.
K. Rogers. B. Collyer. J. B. Collins.
J. Griffith. G. N. O. Slater. H. Spicer.
F. J. P. Jenkins. A. C. Gurney. A. L. Saunders.
W. D. Betinson. J. K. K. Benjamin.

Surgery.

J. E. Gordon A. G. Ewbank. A. Murdock.
C. D. Cardinall. G. R. Adcock. J. A. Crump.
F. C. Robinson. R. N. Weekes. C. H. Willis.
B. Ley. R. H. Wilkin. R. Ballard.
E. S. Humphrey. J. S. E. Selby. E. W. Cross.
J. Sterry. J. O. March.

Midwifery.

W. E. Collier.	B. L. G. Skipworth.	G. Cawley.
M. N. J. Rigby.	F. E. A. Webb.	H. N. G. Bloomfield.
E. L. Pawlett.	W. C. Hutley.	E. E. Elliot.
F. H. de G. Best.	J. G. Faber.	G. B. Woodrooffe.

IV.—Second M.R.C.S. and L.R.C.P. July, 1893.

Anatomy.

J. A. P. Barnes.	H. J. Godwin.	P. A. Palmer.
T. A. Barron.	N. E. Grosvenor.	B. Rowlands.
S. L. Box.	A. E. Hodgkins.	M. J. Ryan.
P. M. Brittain.	P. W. James.	E. G. Simmonds.
M. W. Coleman.	E. Lloyd.	J. H. Tomlinson.
D. H. F. Cowin.	W. M. McDonald.	E. A. Weber.
D. J. Drake.	F. E. Meade.	H. Weeks.
R. H. Edleston.	W. R. S. Miller.	A. Woolcombe.
J. R. Evans.	J. H. F. Nunn.	W. Wrangham.

Physiology.

J. A. P. Barnes.	J. F. Fernie.	F. H. Nimmo.
S. L. Box.	G. E. Gardiner.	P. A. Palmer.
D. H. F. Cowin.	A. Granville	J. C. Powell.
E. J. Deck.	N. E. Grosvenor.	E. G. Simmonds.
D. J. Drake.	E. Lloyd.	J. H. Tomlinson.
R. H. Edleston.	W. R. S. Miller.	H. Weeks.
J. R. Evans.		

V.—First M.R.C.S. and L.R.C.P. July, 1893.

(a) *Chemistry and Physics.*

B. E. G. Bailey.	T. G. Jago.	P. Wood.
C. P. Burd.	L. Jones.	A. D. B. Wroughton.
J. B. Cautley.	T. C. L. Jones.	G. R. Baker.
A. J. McN. Cuddon-Fletcher.	R. H. Lloyd.	J. Broch.
J. Dalebrook.	W. C. Long.	W. R. Gibson.
T. D. Dawson.	A. F. Page.	G. S. Haynes.
M. H. G. Fell.	R. Raines.	F. E. Price.
C. L. Francis.	R. Storrs.	S. Roach.
G. E. Gask.	W. T. Storrs.	A. W. Wilkinson.
H. G. Harris.	H. E. Waller.	W. E. A. Worley.
E. S. E. Hewer.	C. F. Winkfield.	

(b) *Pharmacy and Materia Medica.*

H. S. Beadles.	R. P. Brown.	J. L. Maxwell.
J. B. Cautley.	M. A. Cholmeley.	H. Mundy.
A. W. Dickson.	J. H. Churchill.	J. C. Powell.
M. G. Dyson.	A. M. Crabtree.	F. E. Price.
J. Oldfield.	G. E. Dodson.	W. H. Roach.
C. Riviere.	J. A. Dredge.	P. W. G. Shelley.
H. A. Scholberg.	E. H. B. Fox.	W. R. Stowe.
R. G. Whiting.	W. R. Gibson.	R. R. Thomas.
C. F. Winkfield.	N. H. Harris.	H. J. Weston.
F. V. O. Beit.	S. Hunt.	F. Whincup.
H. C. P. Bennett.	C. V. Knight.	E. W. Woodbridge.
J. Broch.		

(c) *Biology.*

B. E. G. Bailey.	C. E. Hogan.	C. G. Meade.
P. C. Barham.	E. G. Kent.	H. J. Pickering.
M. H. G. Fell.	A. G. Leverton.	E. B. Stevenson.
R. L. F. Hearn.		

(d) *Elementary Anatomy.*

J. G. B. Gowlland.	H. A. Scholberg.	B. E. Laurence.
C. C. Morgan.	W. Amsden.	R. R. Thomas.
J. Oldfield.		

(e) *Elementary Physiology.*

W. Amsden.	R. R. Thomas.
B. E. Laurence.	W. L. Burn.

Acknowledgments. — *Medical Press; St. Thomas' Hospital Gazette*, "Summer Number"; F. W. G., "A new Dictionary;" Young and Pentland, "Manual of Anatomy," by D. J. Cunningham; J. K. Lewis & Sons, "Testing Urines," by Legg and Jones.

TIMES OF ATTENDANCE IN THE WARDS OF THE PHYSICIANS AND SURGEONS.

	Monday.	Tuesday.	Wednesday.	Thursday.	Friday.	Saturday.
Dr. CHURCH	1.30	1.30	...	1.30	1.30	1.30
Dr. GEE	...	1.30	...	1.30	...	1.30
Sir DYCE DUCKWORTH... ...	1.30	1.30	...	2.30	1.30	1.30
Dr. HENSLEY	1.30	1.30	...	1.30	1.30	10
Mr. THOMAS SMITH	1.30	...	1.30	1.30	1.30	...
Mr. WILLETT	1.30	1.30	1.30	1.30	2.30	...
Mr. LANGTON	1.30	1.30	1.30	1.30	1.30	1.30
Mr. MARSH	1.30	1.30	1.30	1.30	1.30	...
Mr. BUTLIN...	1.30	1.30	...	1.30	1.30	...
Dr. CHAMPNEYS	2	...	2	...	2	...
Mr. POWER	...	2	...	2	...	...
Mr. VERNON	...	...	2	...	...	2

TIMES OF ATTENDANCE OF THE ASSISTANT-PHYSICIANS AND ASSISTANT-SURGEONS AT THE OUT-PATIENTS' ROOMS AND IN THE CASUALTY DEPARTMENT.

	Monday.	Tuesday.	Wednesday.	Thursday.	Friday.	Saturday.
Dr. BRUNTON	...	1.30	...	...	1.30	...
Dr. NORMAN MOORE	...	...	1.30	...	...	1.30
Dr. SAMUEL WEST	1.30	...	...	1.30	...	...
Dr. ORMEROD	...	9	9	...	9	9
Mr. WALSHAM	...	1.30	...	...	1.30	...
Mr. HARRISON CRIPPS ...	...	...	1.30	...	...	1.30
Mr. BRUCE CLARKE	1.30	...	...	1.30	...	...
Mr. BOWLBY	9	9	9	9	9	9
Mr. LOCKWOOD	9	9	9	9	9	9